

Name: _____
Address: _____
Tel. No.: _____

MEDICAL CLAIMS CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of

_____,

Claimant,

vs.

_____,

Respondent.

MCCP No. _____

Check one:

☐

CLAIMANT'S

☐

RESPONDENT'S

PREHEARING STATEMENT;
CERTIFICATE OF SERVICE

Hearing Date: _____

Time: _____

☐

CLAIMANT'S

☐

RESPONDENT'S

PREHEARING STATEMENT AND LIST OF MEDICAL RECORDS/EXHIBITS

I. NATURE OF THE CASE

II. THEORY OF THE CASE

III. UNDISPUTED FACTS

1. _____
2. _____
3. _____
4. _____
5. _____

☐

Check box if additional page(s) attached

IV. WITNESSES

A. Expert Witnesses

1. _____
2. _____

B. Lay Witnesses

1. _____
2. _____

V. EXHIBITS

1. _____
2. _____
3. _____
4. _____

☐

Check box if additional page(s) attached

VI. LEGAL QUESTIONS

1. _____
2. _____
3. _____
4. _____

DATED: Honolulu, Hawai'i, _____.

Signature: _____

Check one:

☐

CLAIMANT

☐

RESPONDENT

CERTIFICATE OF SERVICE

I hereby certify that on this date, I caused a true and correct copy of the foregoing document to be duly served on the following person at the address indicated, via first class mail, postage prepaid, or hand-delivery (as indicated below):

	Hand-delivered	Mailed
<i>[Name of person served]</i>	()	()

DATED: Honolulu, Hawai'i, _____.

NAME